



PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#9A
PS

Applicant(s): Bevyn Jarrott, et al.

Examiner: V. Balasubramanian

Serial No: 09/743,379

Art Unit: 1624

Filed: June 4, 2001

Docket: 14099

For: PHARMACEUTICAL AGENTS

Dated: February 14, 2002

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TECH CENTER 1600/2900

Assistant Commissioner for Patents
Washington, D.C. 20231

RESPONSE

Sir:

In response to the Office Action dated January 14, 2002, applicants submit the following Response for entry in the above-identified application.

IN THE CLAIMS:

Please amend Claims 1, 4 and 5 as follows:

1. (Amended) Compounds of formula (1)

A- Sub
B1

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

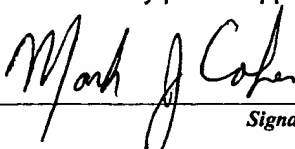
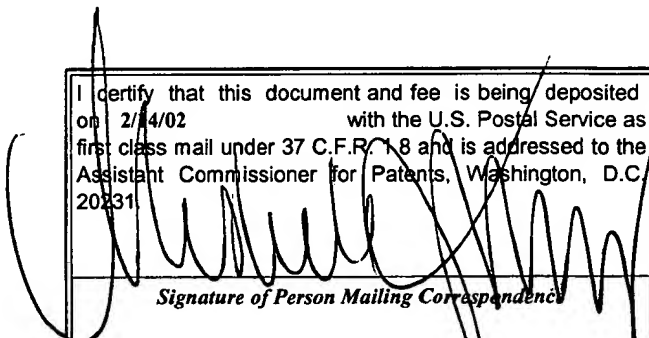
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on February 14, 2002.

Dated: February 14, 2002

Mishelle Mustafa

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GP/1624

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 14099	
Applicant(s): Bevyn Jarrott, et al.					
Serial No. 09/743,379	Filing Date June 4, 2001		Examiner V. Balasubramanian		Group Art Unit 1624
Invention: PHARMACEUTICAL AGENTS					
<p><u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u></p> <p>Transmitted herewith is an amendment in the above-identified application.</p> <p>The fee has been calculated and is transmitted as shown below.</p>					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	23 -	23 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div><input checked="" type="checkbox"/> No additional fee is required for amendment.</div> <div><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed.</div> <div><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</div> <div><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1013/SSMP A duplicate copy of this sheet is enclosed.<div><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</div><div><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div></div>					
<div> _____ Signature</div> <div>Mark J. Cohen Registration No. 32, 211</div> <div>SCULLY, SCOTT, MURPHY & PRESSER 400 GARDEN CITY PLAZA GARDEN CITY, NY 11530 (516)742-4343</div>			<div>Dated: February 14, 2002</div> <div><div>I certify that this document and fee is being deposited on 2/14/02 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231</div><div> _____ Signature of Person Mailing Correspondence</div><div>Mishelle Mustafa _____ Typed or Printed Name of Person Mailing Correspondence</div></div>		
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CC:					